

GENERAL SERVICES INCIDENT INVESTIGATION REPORT



IMPORTANT: Any injury resulting in death, permanent disfigurement, dismemberment, or hospitalization expected to last more than 24 hours shall be reported to TOSHA at (615) 741-2793



S A F E T Y O F F I C E T O C O M P L E T E	PART 1: PERSONAL IDENTIFICATION			Employee Group
	<i>Name (Last, First)</i>	<i>Department</i>		<input type="checkbox"/> Tenant <input type="checkbox"/> State Employee <input type="checkbox"/> General Services Staff <input type="checkbox"/> Visitor to State Agency <input type="checkbox"/> State Employee Visitor
	<i>Job Title</i>	<i>Work Phone</i>	<i>Home Phone</i>	
	<i>Supervisor Name (Last, First)</i> NA	<i>Title</i>	<i>Work Phone</i>	Work Schedule: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	PART 2: INCIDENT DESCRIPTION			
	<i>Date of Incident</i>	<i>Time of Incident</i>	<i>Location of Incident (Street address or Bldg name, Room#)</i>	
	Resulted in employee injury/ illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Incident details--			Witness Name(s)/ Ph. #(s):
	• <i>Specific task being performed at time of incident:</i> • <i>Step-by-step events leading up to the incident:</i> • <i>Equipment/ tools involved:</i> • <i>Materials being handled:</i> • <i>Unusual condition(s):</i> • <i>Other relevant details:</i>			Continued on attached sheet: <input type="checkbox"/>
	Was this an injury caused by an animal (i.e. bite, scratch)? <input type="checkbox"/> Yes → <input type="checkbox"/> No <i>If yes, indicate animal species:</i>			
Medical evaluation: <input type="checkbox"/> Conducted by-- <input type="checkbox"/> First Responder <input type="checkbox"/> Paramedics/Ambulance <input type="checkbox"/> Other: <input type="checkbox"/> Deemed unnecessary by employee/tenant		<i>Date of initial medical evaluation:</i> <i>Name & Ph# of treating physician:</i>	IMPORTANT: For instructions on other required reporting of workplace injury/ illness, go to: http://www.state.tn.us/labor-wfd/filecompl.html	

* Completion of form does not constitute acceptance of individual fault

----- ***Supervisor/Safety Officer to complete next page*** -----

Employee Last Name: _____

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E**PART 3: ADDITIONAL INCIDENT INFORMATION***Supervisor Comments (additional information on nature of incident details, etc.)*

Is this a "sharps injury" (i.e. needlestick, cut, or abrasion) with an object that may have been contaminated with blood or other potentially infectious material?

☐ Yes →
☐ No**If yes, TOSHA requires additional reporting. Contact the General Services Safety Officer at 615.253.2561****PART 4: POSSIBLE CAUSAL FACTORS***Process/ environment-related: (Check all that possibly apply)*

- | | |
|---|--|
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Workstation/ area setup |
| <input type="checkbox"/> Work procedure, or lack of | <input type="checkbox"/> Flooring/ ground |
| <input type="checkbox"/> Repetitive motion | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Tool/ equipment condition | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Tool/ equipment availability | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Personal protective equipment availability | |

Personnel-related: (Check all that possibly apply)

- | | |
|--|--|
| <input type="checkbox"/> Tool/ equipment use or selection | <input type="checkbox"/> Work pacing |
| <input type="checkbox"/> Level of support/ assistance | <input checked="" type="checkbox"/> Other: Non-Work Related |
| <input type="checkbox"/> Awkward posture(s) | |
| <input type="checkbox"/> Personal protective equipment use | |
| <input type="checkbox"/> Following of procedure/ instruction | |
| <input type="checkbox"/> Level of attention to task | |

POSSIBLE ROOT CAUSE(S): Factors contributing to the workplace condition(s)/ act(s) identified above*(Check all that possibly apply)*

- ☐
- Awareness of job hazards
-
- ☐
- Level of training
-
- ☐
- Level of inspection/ maintenance
-
- ☐
- Level of communication
-
- ☐
- Level of resources available
-
- ☐
- Other:

*Additional details on possible cause(s):***PART 5: PLANNED FOLLOW-UP EFFORTS***FOR FURTHER CONSULTATION, CALL GENERAL SERVICES SAFETY OFFICER AT 615.253.2561***Check all action codes that possibly apply:**

- | | | |
|---|---|---|
| <input type="checkbox"/> Conduct ergonomic evaluation (01) | <input type="checkbox"/> Post safety signage in area (06) | <input type="checkbox"/> Review as job performance issue (10) |
| <input type="checkbox"/> Evaluate equipment/ facility condition (02)* | <input type="checkbox"/> Review inspection and/ or maintenance program (07) | <input type="checkbox"/> Non-Work Related Matter (11) |
| <input type="checkbox"/> Provide appropriate tool/ equipment (03) | <input type="checkbox"/> Review formal work procedure (08) | |
| <input type="checkbox"/> Provide personal protective equipment (04) | <input type="checkbox"/> Assess newly identified hazard(s) (09) | |
| <input type="checkbox"/> Provide initial/ refresher training (05) | | |

** For facility-related concerns in indoor/outdoor common areas (e.g., hallways, sidewalks), coordinate with the Facility Administrator.***FOLLOW-UP ACTION:**

For each follow-up effort checked above, indicate its action code (# in parentheses) and describe the planned action. As actions are completed, record completion date, and initial the original copy for local recordkeeping purposes.

Action Code	Description of Planned Action	Date of Communication	Supervisor/Safety Officer

Facility Administrator or Designee/ Date-

General Services Complex-

PART 7: THIS FORM HOUSED AT GENERAL SERVICES SAFETY FORMS**H:\DATA\OFFICE\ba07p26\ba07p\Property Services Management\Safety\Incident Reporting**

